

VENDOR IDENTIFICATION			Send to: Low Income Energy Assistance Program Department of Social Services 206 W. Missouri Ave. Pierre, South Dakota 57501-4517	Claim No.	Date
Name					
Address					
City	State	Zip			
Vendor Number					

CLIENT IDENTIFICATION		SERVICE INFORMATION					
No.	Client Name Client Identification Number (CID)	Delivery/ Meter Read Date	Invoice No.	Number of Units	Fuel Type	Unit Price	Amount
01	Name:						
	CID:						
02	Name:						
	CID:						
03	Name:						
	CID:						
04	Name:						
	CID:						
05	Name:						
	CID:						
06	Name:						
	CID:						
07	Name:						
	CID:						
08	Name:						
	CID:						
09	Name:						
	CID:						
10	Name:						
	CID:						
11	Name:						
	CID:						

Claimant Signature

FUEL TYPE

P = LP Gas

F = Fuel Oil

G = Natural Gas

X = Other

E = Electricity

W = Wood

C = Coal

Total

GRAND TOTAL